

STATE OF CONNECTICUT  
**DEPARTMENT OF PUBLIC HEALTH**  
410 Capitol Avenue, MS#13PER  
P O Box 340308  
Hartford, CT 06134-0308

**SUPPLEMENTAL APPLICATION – THIS MUST BE INCLUDED WITH PLD-1 (STATE APPLICATION)**

**NAME**  **SOCIAL SECURITY #**

**Position(s) Applying for**

**EMPLOYMENT:** Please list all other employment which is NOT included on the PLD-1. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 ½" X 11" sheet, using the same format.

Official Job Title	Company Name	Type of Business
Title of Immediate Supervisor	Dept. Where Assigned	Business Address/Phone No.
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs., Mos.)
Salary or Wage (Wk, Mo. Yr, etc.)		# of Hours Per Week
\$ Per		(Full Time) (Part Time)
No. and Titles of Employees Supervised by You		Reason for Leaving

DUTIES (Must be listed)

Official Job Title	Company Name	Type of Business
Title of Immediate Supervisor	Dept. Where Assigned	Business Address/Phone No.
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs., Mos.)
Salary or Wage (Wk, Mo. Yr, etc.)		# of Hours Per Week
\$ Per		(Full Time) (Part Time)
No. and Titles of Employees Supervised by You		Reason for Leaving

DUTIES (Must be listed)

Have you ever been employed by the State of Connecticut, whether full-time, part-time, temporary, Student Laborer, or other? If so, please list name of State Agency(ies), date(s) of separation, and reason(s) for leaving.

NAME OF STATE AGENCY	DATE OF SEPARATION	REASON FOR LEAVING
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FORMER, OR OTHER, NAME(S)

If any employment was under another name, please list name(s):

**MISSTATEMENTS OF ANY KIND MAY INVALIDATE YOUR APPLICATION AND ANY SUBSEQUENT APPOINTMENT.**

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_